COMMISSIONER FOR PATENTS Alexandria, VA 22313-1450

In so application of: Ssiniv

In re application of:

Srinivasan Ramanathan, et :

Serial No.:

10/072.657

Filed:

February 8, 2002

For:

ENHANCED ORAL AND TRANSCOMPARTMENTAL DELIVERY OF THERAPEUTIC OR

DIAGNOSTIC AGENTS

Sir:

[]

Transmitted herewith is a Response in the above-identified application.

| [] | Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established. |
|----|---|
| [] | Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27. |

[X] No fee for additional claims is required.

A filing fee for additional claims calculated as shown below, is required:

| | (Col. 1) | (Col. 2) | _ | SMALL ENTITY | _ | LARGE ENTITY |
|----------------|--------------|-------------|----------|--------------|----|--------------|
| FOR: | REMAINING | HIGHEST | _ | RATE FEE | OR | RATE FEE |
| | AFTER | PREVIOUSLY | PRESENT | | | |
| | AMENDMENT | PAID FOR | EXTRA | = | | |
| TOTAL CLAIMS | * Minus | ** = | 0 | x \$ 9 \$ | - | x \$ 18 \$ |
| INDEP. CLAIMS | * Minus | *** = | 0 | x \$ 42 \$ | - | x \$ 84 \$ |
| [] FIRST PRES | SENTATION OF | MULTIPLE DE | P. CLAIM | + \$140 \$ | - | + \$280 \$ |

TOTAL: \$

OR TOTAL:

Docket No.: <u>614.1013</u> Date: September 30, 200

* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- [X] Also transmitted herewith are:

[] Petition for extension under 37 C.F.R. 1.136 (in duplicate)

[X] Other: Two Revocation of Power of Attorney and Appointment of New Power of Attorney Forms and Two Statements under 37 CFR 3.73(b)

| r | 1 | Chook(a) | in the | amount | of ¢n nn | iclaro | attached | to cover |
|---|---|-----------|--------|--------|----------|--------|----------|----------|
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[] Filing fee for additional claims under 37 C.F.R. 1.16

[] Petition fee for extension under 37 C.F.R. 1.136

[] Other:

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

[X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.

[X] Any patent application processing fees under 37 C.F.R. 1.17.

Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Clifford M Davidson, Reg. No. 32,728

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on September 30, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

Ray No. 45,991